New Jersey Department of Education Office of Vocational – Technical, Career and Innovative Programs Carl D. Perkins Vocational and Technical Education Act of 1998 and/or State Vocational Education

FY 2006 BUDGET DETAIL FORM B - EMPLOYEE BENEFITS

FUNCTION AND OBJECT CODE 200-200 ONLY

B. PROJECT #:

STATE FUNDED POSITIONS (INCLUDING STIPENDS)

• TPAF AND FICA CANNOT BE REQUESTED

FOR POST SECONDARY VOCATIONAL SCHOOLS ONLY

A. (check one) _____ SECONDARY _____ POSTSECONDARY

FULL TIME AND PART TIME EMPLOYEES PARTICIPATING IN TEACHERS'

FEDERALLY FUNDED POSITIONS

PENSION AND ANNUITY FUND (TPAF)

C. ELIGIBLE RECIPIENT:

 Must include TPAF (7.35%) and FICA (7.65%) Other benefits (such as health, disability etc.) m amount of all benefits cannot exceed 29% STIPENDS-USING FEDERAL FUNDS Note: A STIPEND IS PAYMENT ABOVE AND BEYON Must budget 7.65% for FICA Optional: TPAF (7.35%) The maximum amount of fringe benefits is 29% of each grar EMPLOYEES NOT PARTICIPATING IN TEACHERS (TPAF) Must include FICA (7.65%) The maximum amount of fringe benefits is 29% 	ay be includ ID A CONT Int-funded sale PENSION	ractual	SALARY.	• The maxis	mum amount of	other fringe be	nefits is 29%	
D. TITLE of POSITION and NAME of EMPLOYEE (if known)	E. CIP Code(s)	F GOAL AND OB- JECTIVE	G. STANDARD AND MEASURE	H. REQUESTED SALARY AMOUNT	I. FICA <u>H x 7.65%</u>	J. TPAF <u>H x 7.35</u> %	K. OTHER FRINGE BENEFITS H x%	L. TOTAL AMOUNT FOR FRINGE BENEFITS I+J+K
M. Page of							N. TOTAL:	\$
O. Date: Amendment	? V/N	If '	'ves''. BA/CF	TO sionature				

INSTRUCTIONS FY2006 BUDGET DETAIL FORM B - EMPLOYEE BENEFITS FUNCTION AND OBJECT CODE 200-200

Follow guidelines on the Budget Detail Form B concerning federally funded positions and state funded positions, TPAF, and FICA.

- A. Indicate whether the grant is for secondary or postsecondary programs;
- B. Enter Project Number. The Project Number consists of the type of grant plus the district/college/agency code plus the last two digits of the fiscal year;
 (Note: All secondary project numbers begin with PERK. Example: PERK 0000 06. All Postsecondary project numbers begin with PSFS. Example: PSFS 0000 06).
- C. Enter the name of the Eligible Recipient;
- D. Enter the title of each position for which benefits are requested. Enter the name of the employee, if known at time of submission:
- E. Enter the CIP code of the <u>approved</u> occupational program for which the expenditure is intended.
- F. Enter the Goal and Objective (from the approved Multi-year Plan) that will be addressed by the expenditure of funds for this position;
- G. Enter the code for the Standard(s) and Measure(s) being addressed by the specific expenditure; Use the following codes:

Academic Proficiency - AP Evidence of Completion - C Vocational-Technical Skill Proficiencies - VT Placement Achievement - P Non-Traditional Training - NT

- H. Requested Salary Amount: Enter the salary amount as listed on the Budget Detail Form C for each grant-funded salary.
- I. FICA: Enter the FICA amount. This amount is determined by multiplying the grant-funded salary amount by 7.65%.
- J. TPAF: Enter the TPAF amount for each TPAF position, determined by multiplying the grant-funded salary amount by 7.35%.
- K. Other Fringe Benefits: The eligible recipient may request funds for additional benefits. Enter the additional per cent of benefits and the resultant dollar amounts, in whole dollars only.
- L. Total Amount for Fringe Benefits: (Columns I + J + K) Enter the total amount of fringe benefits (FICA, TPAF and other benefits) for <u>each</u> position. <u>All</u> benefits combined for a position <u>cannot</u> exceed 29% of the grant-funded salary for that position.
- M. Enter the page number.
- N. Add the total benefits for all positions and enter the amount.
- O. If this is the original submission of the plan, enter "no" on the "Amendment?" line. Enter "yes" if this is an amendment to the original approved plan and secure signature of BA/CFO.